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** CONTINUING DATA ***** <i>[Signature]</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/25/2002					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY AZ	SHEETS DRAWING 13	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 6
ADDRESS Lawrence R. Oremland, P.C. Suite C-214 5055 East Broadway Blvd. Tucson , AZ 85711					
TITLE Ghost image correction system and method					
FILING FEE RECEIVED 661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____			